



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 1-800-253-9933 FAX (619) 338-2377
www.sdcdeh.org



***** INFORMATION BULLETIN *****

UNDERGROUND STORAGE TANK PROCEDURES UPDATE

The Hazardous Materials Division recently made operational changes in the UST inspection program to better assist Underground Storage Tank (UST) Owners and Operators in meeting their regulatory requirements. This bulletin outlines the changes and provides valuable information that can help UST owners, operators, contractors, consultants and other parties interested in UST management.

SUMMARY OF CHANGES

Recent changes within the HMD tank inspection program include:

- ☐ New UST plan review and inspection fees
- ☐ New State Mandated UST Forms
- ☐ Monitoring Certification Form: Vacuum/ Pressure interstitial sensors

New UST Plan Review & Inspection Fees effective as of July 1, 2008

In accordance with the San Diego County Code of Regulatory Ordinances, Division 5, Section 65.107, the following UST Plan Review & Inspection Fees went into effect on **July 1, 2008**.

UST PLAN CHECK ACTIVITY	Fees for Fiscal Year 2008-2009
New UST Construction¹	
Installation Fee for First Tank	\$1420.00
Fee for each additional tank	\$ 418.00
Establishment Base Fee <i>(Applies to establishments not currently under permit with DEH)</i>	\$ 227.00
Operating Permit Fee per Tank <i>(May not apply to replacement tanks)</i>	\$ 339.00
UST Upgrade/Repair	
Upgrade/Repair - 1 Inspection and no soil sampling ²	\$ 1108.00
Upgrade/Repair - 2 Inspections <i>(including soil sampling)</i> ³	\$ 1544.00
UST Closure	
Closure Fee for First Tank	\$ 860.00
For each additional tank	\$ 384.00
Other Fees	
Consultation Fee/Per hour (Minimum 2 hours)	\$ 119.00/hr
Plan Re-Review	\$ 452.00
Each additional inspection ⁴	\$ 578.00
Re-inspection Fee	\$ 700.00
CUPA Surcharge - Program Oversight-Hazmat <i>(Per Facility)</i>	\$ 24.00
CUPA Surcharge - Underground Storage Tanks <i>(Per Tank)</i>	\$ 15.00

¹ These fees will also apply to all tank repairs, interior lining and bladder installations.

² This fee will apply only to permit projects where only one inspection by DEH is required. Inspections lasting longer than 4 hours will be subject to an additional \$119.00/hr fee. Typical projects where only one inspection is required:

- ♦ Installation of new UST monitoring system
- ♦ Any pipe repair
- ♦ Repair to secondary containment components

A lower fee may be charged on very minor project permits as determined by HMD on a case by case basis.

³ This fee will apply to permit projects where more than one inspection by DEH will be required. The fee includes only two inspections.

⁴ Any additional inspection required will be subject to a \$578.00 additional fee.

If you are unsure as to how many inspections are required for a particular project, please contact the UST Plan Check Specialist at (619) 338-2207.


NEW STATE STANDARDIZED UST FORMS

The State of California made changes to the California Code of Regulations (CCR), Title 23, Underground Tank Regulations and became effective as of **January 17, 2008**. The changes in regulations specify that UST owners and operators use new standardized forms for submitting new and previously required information. The new standardized forms will promote consistency in recordkeeping and will be a benefit to HMD and UST owners and operators. HMD is requiring that all UST owner and operators bring up to date all their information on to the new forms. Transition period to the new forms is expected to be 6 to 12 months.

Please be advised if you have a facility that has an UST Operating Permit due for a renewal, the Permit renewal will not be approved unless the new forms have been received. Please submit these forms ASAP to prevent any delay to the re-issuance of the UST Operating Permit.

The new forms are available on our website at http://www.sdcounty.ca.gov/deh/hazmat/hmd_forms.html. The form names and corresponding form numbers are listed below:

Operating Permit Application - Facility Information (SD form no. HM-9715)

 COUNTY OF SAN DIEGO CUPA DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION P.O. BOX 119261, SAN DIEGO, CA 92112-9261 (619) 338-2222 FAX (619) 338-2377 1-800-253-9933	
UNDERGROUND STORAGE TANK OPERATING PERMIT APPLICATION – FACILITY PAGE (One page per site) Page 400 of 400	
TYPE OF ACTION (Check one item only) <input type="checkbox"/> 1. NEW PERMIT <input type="checkbox"/> 2. CHANGE OF INFORMATION <input type="checkbox"/> 3. RENEWAL PERMIT <input type="checkbox"/> 4. TEMPORARY FACILITY CLOSURE <input type="checkbox"/> 5. PERMANENT FACILITY CLOSURE <input type="checkbox"/> 6. TRANSFER PERMIT 400	
I. FACILITY INFORMATION	
TOTAL NUMBER OF USTs AT FACILITY 404	FACILITY ID # 1
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3	
BUSINESS SITE ADDRESS 103	CITY 104 CA ZIP CODE 105
FACILITY TYPE <input type="checkbox"/> 1. MOTOR VEHICLE FUELING <input type="checkbox"/> 2. FUEL DISTRIBUTION <input type="checkbox"/> 3. FARM <input type="checkbox"/> 4. PROCESSOR <input type="checkbox"/> 5. OTHER 403	Is the facility located on Indian Reservation or Trust lands? <input type="checkbox"/> Yes <input type="checkbox"/> No 405
II. PROPERTY OWNER INFORMATION	
PROPERTY OWNER NAME 407	PHONE () 408
MAILING ADDRESS 409	
CITY 410	STATE 411 ZIP CODE 412
III. TANK OPERATOR INFORMATION	
TANK OPERATOR NAME 428-1	PHONE () 428-2
MAILING ADDRESS 428-3	
CITY 428-4	STATE 428-5 ZIP CODE 428-6
IV. TANK OWNER INFORMATION	
TANK OWNER NAME 414	PHONE () 415
MAILING ADDRESS 416	
CITY 417	STATE 418 ZIP CODE 419
OWNER TYPE: <input type="checkbox"/> 4. LOCAL AGENCY/DISTRICT <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 6. STATE AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY <input type="checkbox"/> 8. NON-GOVERNMENT 420	
V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER	
TY (TK) HQ 44- 421 <small>Call the State Board of Equalization, Fuel Tax Division, if there are questions.</small>	
VI. PERMIT HOLDER INFORMATION	
Issue permit and send legal notifications and mailings to: <input type="checkbox"/> 1. FACILITY OWNER <input type="checkbox"/> 2. TANK OWNER <input type="checkbox"/> 3. TANK OPERATOR <input type="checkbox"/> 4. TANK OPERATOR <input type="checkbox"/> 5. FACILITY OPERATOR 423	
SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required For Public Agencies Only) 406	
VII. APPLICANT SIGNATURE	
CERTIFICATION: I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.	
APPLICANT SIGNATURE 426	DATE 424 PHONE () 425
APPLICANT NAME (print) 426	APPLICANT TITLE 427

HM-9715-UPCF Underground Storage Tank – Operating Permit Application – Facility Information (03/08)


		COUNTY OF SAN DIEGO CUPA DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION P.O. BOX 129261, SAN DIEGO, CA 92112-9261 (619) 338-2222 FAX (619) 338-2377 1-800-253-9933	
UNDERGROUND STORAGE TANK OPERATING PERMIT APPLICATION – TANK INFORMATION		(One form per UST)	
TYPE OF ACTION (Check one item only. For an UST permanent closure or removal, complete only this section and Sections I, II, III, IV, and IX below)			
<input type="checkbox"/> 1. NEW PERMIT <input type="checkbox"/> 3. RENEWAL PERMIT <input type="checkbox"/> 5. CHANGE OF INFORMATION <input type="checkbox"/> 6. TEMPORARY UST CLOSURE <input type="checkbox"/> 7. UST PERMANENT CLOSURE ON SITE <input type="checkbox"/> 8. UST REMOVAL			
DATE UST PERMANENTLY CLOSED: / / 430a		DATE EXISTING UST DISCOVERED: / / 430b	
I. FACILITY INFORMATION			
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3		FACILITY ID # 3 7 - 0 0 0 - / / / 1	
BUSINESS SITE ADDRESS 103		CITY 104	CA ZIP CODE 105
II. TANK DESCRIPTION			
TANK ID # 432	TANK MANUFACTURER 433	TANK CONFIGURATION: THIS TANK IS <input type="checkbox"/> 1. A STAND-ALONE TANK <input type="checkbox"/> 2. ONE IN A COMPARTMENTED UNIT. Complete one page for each compartment in the unit.	
DATE UST SYSTEM INSTALLED 435	TANK CAPACITY IN GALLONS 436	NUMBER OF COMPARTMENTS IN THE UNIT 437	
III. TANK USE AND CONTENTS			
TANK USE	<input type="checkbox"/> 1a. MOTOR VEHICLE FUELING <input type="checkbox"/> 1b. MARINA FUELING <input type="checkbox"/> 1c. AVIATION FUELING <input type="checkbox"/> 3. CHEMICAL PRODUCT STORAGE <input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil) <input type="checkbox"/> 5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)] <input type="checkbox"/> 6. OTHER GENERATOR FUEL <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):		
CONTENTS	PETROLEUM: <input type="checkbox"/> 1a. REGULAR UNLEADED <input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 1b. PREMIUM UNLEADED <input type="checkbox"/> 3. DIESEL <input type="checkbox"/> 5. JET FUEL <input type="checkbox"/> 6. AVIATION GAS <input type="checkbox"/> 8. PETROLEUM BLEND FUEL <input type="checkbox"/> 9. OTHER PETROLEUM (Specify):		
	NON-PETROLEUM: <input type="checkbox"/> 7. USED OIL <input type="checkbox"/> 10. ETHANOL <input type="checkbox"/> 11. OTHER NON-PETROLEUM (Specify):		
IV. TANK CONSTRUCTION			
TYPE OF TANK	<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 95. UNKNOWN		
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 3. FIBERGLASS <input type="checkbox"/> 6. INTERNAL BLADDER <input type="checkbox"/> 7. STEEL – INTERNAL LINING <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):		
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 3. FIBERGLASS <input type="checkbox"/> 6. EXTERIOR MEMBRANE LINER <input type="checkbox"/> 7. JACKETED <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):		
OVERFILL PREVENTION	<input type="checkbox"/> 1. AUDIBLE & VISUAL ALARMS <input type="checkbox"/> 2. BALL FLOAT <input type="checkbox"/> 3. FILL TUBE SHUT-OFF VALVE <input type="checkbox"/> 4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT		
V. PRODUCT / WASTE PIPING CONSTRUCTION			
PIPING CONSTRUCTION	<input type="checkbox"/> 1. SINGLE-WALLED <input type="checkbox"/> 2. DOUBLE-WALLED <input type="checkbox"/> 99. OTHER		
SYSTEM TYPE	<input type="checkbox"/> 1. PRESSURE <input type="checkbox"/> 2. GRAVITY <input type="checkbox"/> 3. CONVENTIONAL SUCTION <input type="checkbox"/> 4. SAFE SUCTION [23 CCR §2636(a)(3)]		
PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):		
SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 95. UNKNOWN <input type="checkbox"/> 99. OTHER (Specify):		
PIPING/TURBINE CONTAINMENT SUMP TYPE	<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 90. NONE		
VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION			
VENT PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify)		
VENT SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify)		
VR PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify)		
VR SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify)		
VENT PIPING TRANSITION SUMP TYPE	<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 90. NONE		
RISER PRIMARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify)		
RISER SECONDARY CONTAINMENT	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 90. NONE <input type="checkbox"/> 99. OTHER (Specify)		
FILL COMPONENTS INSTALLED	<input type="checkbox"/> 1. SPILL BUCKET <input type="checkbox"/> 3. STRIKER PLATE/BOTTOM PROTECTOR <input type="checkbox"/> 4. CONTAINMENT SUMP		
VII. UNDER DISPENSER CONTAINMENT (UDC)			
CONSTRUCTION TYPE	<input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 3. NO DISPENSERS <input type="checkbox"/> 90. NONE		
CONSTRUCTION MATERIAL	<input type="checkbox"/> 1. STEEL <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 10. RIGID PLASTIC <input type="checkbox"/> 99. OTHER (Specify)		
VIII. CORROSION PROTECTION			
STEEL COMPONENT PROTECTION	<input type="checkbox"/> 2. SACRIFICIAL ANODE(S) <input type="checkbox"/> 4. IMPRESSED CURRENT <input type="checkbox"/> 6. ISOLATION		
IX. APPLICANT SIGNATURE			
CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.			
APPLICANT SIGNATURE		DATE / / 470	
APPLICANT NAME (print) 471		APPLICANT TITLE 472	

(SD form no. HM-9222a)

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UST Emergency Response Plan*

(SD form no. HM-9222b)

		COUNTY OF SAN DIEGO CUPA DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION P.O. BOX 129261, SAN DIEGO, CA 92112-9261 (619) 338-2222 FAX (619) 338-2377 1-800-253-9933	
UNDERGROUND STORAGE TANK RESPONSE PLAN – PAGE 1		(One form per facility)	
TYPE OF ACTION <input type="checkbox"/> 1. NEW PLAN <input type="checkbox"/> 2. CHANGE OF INFORMATION			
I. FACILITY INFORMATION			
FACILITY ID # (Agency Use Only)		3 7 – 0 0 0 –	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)			
BUSINESS SITE ADDRESS		CITY	CA ZIP CODE
II. SPILL CONTROL AND CLEANUP METHODS			
This plan addresses unauthorized releases from UST systems and supplements the emergency response plans and procedures in the facility's Hazardous Materials Business Plan.			
➤ If safe to do so, facility personnel will take immediate measures to control or stop any release (e.g., activate pump shut-off, etc.) and, if necessary, safely remove remaining hazardous material from the UST system.			
➤ Any release to secondary containment will be pumped or otherwise removed within 24 hours of discovery. Recovered hazardous materials, unless suitable for their intended use, will be managed as hazardous waste.			
➤ Absorbent material will be used to contain and clean up manageable spills of hazardous materials. Absorbent material which has become too saturated to be effective or which is no longer intended for use will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. Used absorbent material, reusable or waste, will be stored in a properly labeled and sealed container. Waste material shall be disposed appropriately.			
➤ Facility personnel will determine whether any water removed from secondary containment systems, or from clean-up activity, has been in contact with any hazardous material. If the water is contaminated, it will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. If the water has a petroleum sheen (i.e., rainbow colors), it is contaminated. A thick floating petroleum layer may not necessarily display rainbow colors. Water (hazardous or non-hazardous) from sumps, spill containers, etc. will not be disposed to storm water systems.			
➤ We will review secondary containment systems for possible deterioration if any of the following conditions occur:			
1. Hazardous material in contact with secondary containment is not compatible with the material used for secondary containment;			
2. Secondary containment is prone to damage from any equipment used to remove or clean up hazardous material collected in secondary containment;			
3. Hazardous material, other than the product/waste stored in the primary containment system, is placed inside secondary containment to treat or neutralize released product/waste, and the added material or resulting material from such a combination is not compatible with secondary containment.			
III. SPILL CONTROL AND CLEAN-UP EQUIPMENT			
PERIODIC MAINTENANCE: Spill control and clean-up equipment kept permanently on-site is listed in the facility's Hazardous Materials Business Plan. This equipment is inspected at least monthly, and after each use, supplies are replenished as needed. Defective equipment is repaired or replaced as necessary.			
EQUIPMENT NOT PERMANENTLY ON-SITE, BUT AVAILABLE FOR USE IF NEEDED: (Complete only if applicable)			
EQUIPMENT	LOCATION	AVAILABILITY	
R10	R20	R30	
R11	R21	R31	
R12	R22	R32	
R13	R23	R33	
R14	R24	R34	
R15	R25	R35	
IV. RESPONSIBLE PERSONS			
THE FOLLOWING PERSON(S) IS/ARE RESPONSIBLE FOR AUTHORIZING ANY WORK NECESSARY UNDER THIS RESPONSE PLAN:			
NAME	R40	TITLE	R50
NAME	R41	TITLE	R51
NAME	R42	TITLE	R52
NAME	R43	TITLE	R53
V. MONITORING INDICATORS			
IF MONITORING INDICATES A POSSIBLE UNAUTHORIZED RELEASE, STEPS TO VERIFY THE RELEASE WILL BE MADE AS FOLLOWS:			
<input type="checkbox"/> Additional system testing or data collection <input type="checkbox"/> Inspection by qualified persons <input type="checkbox"/> Recalibration of equipment <input type="checkbox"/> Other (specify):			

***NOTE:** The new Emergency Response Plan form (HM-9222b) is not part of amended changes, however, HMD is encouraging facilities to use the new format as well for consistency purposes.

UST MONITORING CERTIFICATION FORM: VACUUM/ PRESSURE INTERSTITIAL SENSORS

Every underground storage tank system installed after July 1, 2004 are required to have the interstitial space(s) monitored by either vacuum or pressure sensors. The SWRCB has developed an addendum form to the UST Monitoring Certification form to document the testing of these sensors. The addendum form must be included with the UST Monitoring Certification when submitting to HMD.

Monitoring System Certification Form: Addendum for Vacuum/Pressure Interstitial Sensors		LG 163-1, Enc. II
I. Results of Vacuum/Pressure Monitoring Equipment Testing		
<p>This page should be used to document testing and servicing of vacuum and pressure interstitial sensors. A copy of this form must be included with the Monitoring System Certification Form, which must be provided to the tank system owner/operator. The owner/operator must submit a copy of the Monitoring System Certification Form to the local agency regulating UST systems within 30 days of test date.</p>		
Manufacturer:	Model:	System Type: <input type="checkbox"/> Pressure; <input type="checkbox"/> Vacuum
Sensor ID		
	Component(s) Monitored by this Sensor: Sensor Functionality Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail Interstitial Communication Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail	
	Component(s) Monitored by this Sensor: Sensor Functionality Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail Interstitial Communication Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail	
	Component(s) Monitored by this Sensor: Sensor Functionality Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail Interstitial Communication Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail	
	Component(s) Monitored by this Sensor: Sensor Functionality Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail Interstitial Communication Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail	
	Component(s) Monitored by this Sensor: Sensor Functionality Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail Interstitial Communication Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail	
	Component(s) Monitored by this Sensor: Sensor Functionality Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail Interstitial Communication Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail	
	Component(s) Monitored by this Sensor: Sensor Functionality Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail Interstitial Communication Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail	
	Component(s) Monitored by this Sensor: Sensor Functionality Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail Interstitial Communication Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail	
	Component(s) Monitored by this Sensor: Sensor Functionality Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail Interstitial Communication Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail	
	Component(s) Monitored by this Sensor: Sensor Functionality Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail Interstitial Communication Test Result: <input type="checkbox"/> Pass; <input type="checkbox"/> Fail	
How was interstitial communication verified? <input type="checkbox"/> Leak Introduced at Far End of Interstitial Space; ¹ <input type="checkbox"/> Gauge; <input type="checkbox"/> Visual Inspection; <input type="checkbox"/> Other (Describe in Sec. J, below)		
Vacuum was restored to operating levels in all interstitial spaces: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, describe in Sec. J, below)		
J. Comments: _____ _____ _____ _____ _____ _____ _____		
Page ____ of ____		
<small>¹ If the sensor successfully detects a simulated vacuum/pressure leak introduced in the interstitial space at the furthest point from the sensor, vacuum/pressure has been demonstrated to be communicating throughout the interstice.</small>		

If you have any questions about the information contained in this bulletin, please contact Robert Rapista, Underground Storage Tank Group Supervisor at (619) 338-2309 or the Environmental Health UST Plan Check Specialist at (619) 338-2207.